

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/55641
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
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50						
TOTAL IND.	1					
TOTAL DEP.		15				
TOTAL CLAIMS		16				

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						